

AUG 31 2006

PTO/SB/21 (08-03)


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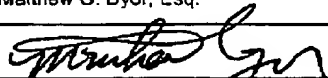
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/664,587
	Filing Date	November 22, 1999
	First Named Inventor	Liz R. Dyor
	Art Unit	3627
	Examiner Name	Andrew Joseph Rudy
	Attorney Docket Number	77777.08529
Total Number of Pages in This Submission	2	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Matthew G. Dyor, Esq.
Signature	
Date	8/31/2006

CERTIFICATE OF TRANSMISSION/MAILING	
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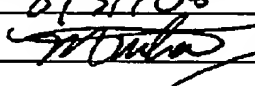
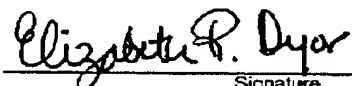
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 77777.08529	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" 37 CFR 1.8(a)) on <u>8/31/06</u> <u>8/31/06</u> Signature <u></u> Typed or printed name <u>Matthew G. Dyor</u>		In re Application of <u>Liz R. Dyor</u> Application Number <u>09/664,587</u> Filed <u>November 22, 1999</u> For <u>Financial Management System</u> Art Unit <u>3627</u> Examiner <u>Andrew Joseph Rudy</u>	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>0</u>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <u>0</u>	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____ I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input checked="" type="checkbox"/> applicant/inventor.		<u></u> Signature <u>Elizabeth R. Dyor</u> Typed or printed name	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>360.220.3040</u> Telephone number	
<input type="checkbox"/> attorney or agent of record. Registration number _____		<u>8/31/05</u> Date	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

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